

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>10/786916</b>	Filing Date				
							Applicant(s)		* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1	/	/										
2		/										
3		2										
4	/	/										
5		/										
6		/										
7		/										
8		/										
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
Total Indep												
Total Depend												
Total Claims												

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.